

**Center for Educational Performance and Information  
Security Agreement to Access the  
Education Data Network (EDN) Headcount Application**

District Code: \_\_\_\_\_ ISD Code: \_\_\_\_\_

District Name: \_\_\_\_\_

**Step 1.** Name of the designated individual whom the Superintendent authorizes to modify and submit data for the district.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

**Step 2.** For the authorized individual: *Please Sign Below.*

I agree to protect my user identification (ID) and password from unauthorized use. I understand all access under my user ID is my responsibility. I agree to comply with the requirements of the Privacy Act of 1974 governing records. (You may view the Privacy Act of 1974 at [www.usdoj.gov/foia/privstat.htm](http://www.usdoj.gov/foia/privstat.htm).)

\_\_\_\_\_  
**Signature of Individual to be Authorized**

\_\_\_\_\_  
Date

**Step 3.** For the Superintendent: *Please Sign Below.*

I attest that the above-named individual is authorized by me to modify and submit data to the Education Data Network (EDN) for my district and that the data are current and accurate.

\_\_\_\_\_  
Name of District/Agency

\_\_\_\_\_  
**Signature of Superintendent**

\_\_\_\_\_  
Date

**Step 4.** Fax this form to:

**DIT Client Service Center  
Fax #: (517) 241-8439**

**E-mail: [Help-Desk@michigan.gov](mailto:Help-Desk@michigan.gov)  
Phone: (517) 335-0505**